FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

	OMB APF	PROVAL
OMB	Number:	3235-0287
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hours	per respon	se 0.5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

(France or Type	e Responses)													
Name and Address of Reporting Person* Young David		2. Issuer Name and Ticker or Trading Symbol Processa Pharmaceuticals, Inc. [PCSA]				_x	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_ Director _X_ 10% Owner							
(Last) (First) (Middle) C/O PROCESSA PHARMACEUTICALS, INC., 7380 COCA COLA DRIVE, SUITE 106			CALS,	3. Date of Earliest Transaction (Month/Day/Year) 09/30/2021					X Officer (give title below) Other (specify below) Chief Executive Officer					
HANOVE	R, MD 21	(Street)	4	4. If Amendr	nent, Date	Origi	nal Filed(Mon	th/Day/Year)	_X_	Form filed b	y One Reportin	oup Filing(Check g Person e Reporting Person		e)
(City)		(State)	(Zip)	Table I - Non-Derivative Securities Acqui					es Acquirec	ired, Disposed of, or Beneficially Owned				
1.Title of Sec (Instr. 3)	curity	1	Oate Month/Day/Year)	2A. Deemed Execution D any (Month/Day	ate, if C	Trans ode nstr. 8	(A) (Inst	cecurities According Disposed tr. 3, 4 and 5 (A) or (D)	of (D) Ow Tra	5. Amount of Securities Benefic Owned Following Reported Transaction(s) (Instr. 3 and 4)		ed (Ownership of Brorm:	eneficial wnership
Reminder: Re	eport on a se						Persons	who resno	nd to the d	collection	of inform	ation	SEC 14	174 (9-02)
Reminder: Ro	eport on a se		Table II - l	Derivative S	ecurities		contained form disp fred, Dispose	lays a cur	rm are not rently valid neficially O	t required d OMB co	to respon	d unless the		174 (9-02)
	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date	Table II - I (3A. Deemed Execution Date,	Derivative S (e.g., puts, ca 4. if Transacti Code	ecurities alls, warr	ants, on the mber ative ative ities ared ative a	contained form disp	d in this foolays a cur d of, or Berertible securcisable ion Date	rm are not rently valid neficially O	t required d OMB co wned d Amount ring	to respond ontrol num	d unless the	To. Ownership Form of Derivative Security: Direct (D) or Indirect	11. Nature of Indirec Beneficia Ownershi (Instr. 4)
1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	3. Transaction Date	Table II - 1 (3A. Deemed Execution Date,) any	Derivative S (e.g., puts, ca 4. if Transacti Code	ecurities nlls, warr 5. Nu of Deriv Secur Acqu (A) or Dispec of (D (Instr	ants, on the mber ative ative ities ared ative a	contained form disp ared, Dispose options, conv 6. Date Exe and Expirate	d in this foolays a cur d of, or Berertible securcisable ion Date	rm are not rently valid neficially Oririties) 7. Title and of Underly Securities (Instr. 3 an	t required d OMB co wned d Amount ring	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s	Ownership Form of Derivative Security: Direct (D) or Indirect	11. Nature of Indirec Beneficia Ownershi (Instr. 4)

Reporting Owners

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Young David C/O PROCESSA PHARMACEUTICALS, INC. 7380 COCA COLA DRIVE, SUITE 106 HANOVER, MD 21076	X	X	Chief Executive Officer			

Signatures

/s/ David Young by Michael B. Kirwan, as Attorney-in-Fact	10/04/2021
**Signature of Reporting Person	Date

Explanation of Responses:

* If the form is filed by more than one reporting person, see Instruction 4(b)(v).

- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).
- (1) Each Restricted Stock Unit represents a contingent right to receive one share of the Issuer's common stock upon the earliest of: termination of employment; the third anniversary of the award date; a change of control; or the reporting person's death.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.